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## \*BIBDATASHEET\*

CONFIRMATION NO. 3372

Bib Data Sheet

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/332,815 | FILING DATE<br>09/17/1999<br><br>RULE | CLASS<br>428 | GROUP ART UNIT<br>1771 | ATTORNEY<br>DOCKET NO.<br>880088.402 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

60/110,529 filed 12/01/98

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Norey

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/12/1999

|   |  |                           |                        |                        |                            |
|---|--|---------------------------|------------------------|------------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>WA | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>157 | INDEPENDENT<br>CLAIMS<br>6 |
| Verified and<br>Acknowledged                                | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                        |                            |
| Examiner's Signature  |  | Initials                  |                        |                        |                            |

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## TITLE

POROUS COATINGS BEARING LIGAND ARRAYS AND USE THEREOF

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>2150 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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